County: Polk
ST CROIX VALLEY GOOD SAMARITAN
7501 LOUISIANA E
ST CROIX FALLS 54024 Pho

7501 LOUISIANA E
ST CROIX FALLS 54024 Phone: (715) 483-9815
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 95
Total Licensed Bed Capacity (12/31/00): 95
Number of Residents on 12/31/00: 82

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled No Yes 86

Number of restuents on 12/31/00:	****	OL ***********	******	***********	******	*********	******
Services Provided to Non-Residents	, j	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally III Provide Day Programming for Developmentally Disabled	No No No No No No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0. 0 12. 2 6. 1 0. 0 1. 2 2. 4 6. 1 41. 5 7. 3 7. 3 7. 3 7. 2 100. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over  65 & Over  Mal e Femal e	6. 1 12. 2 34. 1 41. 5 6. 1 100. 0 93. 9 32. 9 67. 1	Less Than 1 Year 1 - 4 Years More Than 4 Years  ************************  Full-Time Equivaler Nursing Staff per 100 Re (12/31/00)  RNs LPNs Nursing Assistants Aides & Orderlies	34. 1 39. 0 26. 8 100. 0
**********	****	*********	******	******	*****	! ***********	******

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)						Private Pay				d Care		Percent	
			Per Die			Per Die	m		Per Die	m		Per Dien	1	]	Per Diem		Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	3. 4	\$112. 95	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 4%
Skilled Care	8		\$176.00	49	83. 1	\$96. 84	Ö	0. 0	\$0.00	13	86. 7	\$129.00	Ŏ	0. 0	\$0.00	70	85. 4%
Intermedi ate				8	13.6	\$80. 73	0	0.0	\$0.00	2	13. 3	\$119.00	0	0.0	\$0.00	10	12. 2%
Limited Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	nt O	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total		100.0		59	100. 0		0	0.0		15	100.0		0	0.0		82	100.0%

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 8.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 4.7 Bathi ng **0.** 0 48.8 51. 2 82 Other Nursing Homes 9.4 Dressi ng 14.6 54.9 30. 5 82 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 75.5 Transferri ng 82 34. 1 41.5 24. 4 82 0.0 Toilet Use 12. 2 39.0 48.8 39.0 82 0.0 Eating 42.7 18. 3 Other Locations \*\*\*\*\*\* 1.9 Total Number of Admissions 106 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 1. 2 11.0 Private Home/No Home Health 8.0 Occ/Freq. Incontinent of Bladder 63.4 0.0 Private Home/With Home Health 30.4 Occ/Freq. Incontinent of Bowel 34. 1 0.0 Other Nursing Homes 7. 1 1. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 14.3 1. 2 Mobility Physically Restrained 4.9 12. 2 0.0 0.9 Other Locations 0. 9 Skin Care Other Resident Characteristics 9.8 Deaths 38. 4 With Pressure Sores Have Advance Directives 73.2 Total Number of Discharges With Rashes Medi cati ons 6. 1 Receiving Psychoactive Drugs 112 46.3 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownershi p: Nonprofi t		Bed	Bed Size:		ensure:			
	Thi s			50-	- 99	Ski l	led	All		
	Facility		Group		Group		Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90. 5	88. 0	1.03	<b>85</b> . 4	1. 06	84. 1	1. 08	84. 5	1. 07	
Current Residents from In-County	81. 7	79. 3	1.03	72. 9	1. 12	76. 2	1. 07	77. 5	1.05	
Admissions from In-County, Still Residing	17. 9	24. 2	0. 74	21. 3	0.84	22. 2	0. 81	21. 5	0.83	
Admi ssi ons/Average Daily Census	123. 3	102. 4	1. 20	101. 3	1. 22	112. 3	1. 10	124. 3	0. 99	
Di scharges/Average Daily Census	130. 2	99. 2	1. 31	101. 3	1. 29	112. 8	1. 15	126. 1	1.03	
Discharges To Private Residence/Average Daily Census	<b>50</b> . <b>0</b>	33.8	1.48	37. 6	1. 33	44. 1	1. 13	49. 9	1.00	
Residents Receiving Skilled Care	87. 8	88. 7	0. 99	89. 6	0. 98	89. 6	0. 98	83. 3	1.05	
Residents Aged 65 and Older	93. 9	96. 0	0. 98	93. 4	1.01	94. 3	1.00	87. 7	1.07	
Title 19 (Medicaid) Funded Residents	72. 0	<b>68</b> . <b>6</b>	1.05	69. 0	1.04	70. 1	1.03	69. 0	1.04	
Private Pay Funded Residents	18. 3	26. 2	0. 70	23. 2	0. 79	21.4	0.86	22. 6	0.81	
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00	
Mentally Ill Residents	18. 3	38. 6	0.47	41.5	0.44	39. 6	0.46	33. 3	0. 55	
General Medical Service Residents	12. 2	16. 4	0. 75	15. 4	0.79	17. 0	0. 72	18. 4	0. 66	
Impaired ADL (Mean)	57. 1	46. 9	1. 22	47. 7	1. 20	48. 2	1. 19	49. 4	1. 16	
Psychol ogi cal `Probl ems	46. 3	53. 4	0. 87	51. 3	0. 90	50.8	0. 91	50. 1	0. 93	
Nursing Care Required (Mean)	5. 2	6. 5	0. 80	6. 9	0.75	6. 7	0.77	7. 2	0.72	